



proven benefit solutions

P.O. Box 1878, Tallahassee FL 32302-1878 • Customer Service 1-800-342-8017

Press hard with ballpoint pen.

Name (Please Print) Last		First	MI	Social Security #	
Home Address Street		City		State	ZIP
Daytime Phone ( )		Home Phone ( )		Date of Hire	Date of Birth
Enrollment Status: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change in Status <input type="checkbox"/> New Hire		Payroll Effective Date		Plan Effective Date	
Number of deductions paid this plan year: 24 <input type="checkbox"/> 18 <input type="checkbox"/> Employees who work less than 9 months of the year – I expect to receive _____ paychecks during the 2006 Plan Year. (January 1- December 31, 2006)					

Indicate the amount you wish to pay through tax-free salary deduction by completing the section below.

Complete the worksheets provided in your Flexible Spending Account (FSA) packet before deciding on the amount.

If you have questions, consult your FSA packet or call FBMC Customer Service at 1-800-342-8017.

**In Box #1** indicate the dollar amount you elect to contribute for the plan year, which is January 1, 2006 through December 31, 2006.

**In Box #2** indicate the number of regular payroll checks with deductions you expect to receive during the plan year.

**In Box #3** indicate the deduction amount per paycheck. (Note: if Box #2 times Box #3 does not equal Box #1 exactly, the amount in Box #3 may be changed slightly by FBMC due to rounding).

*By signing this form you certify that you expect to receive the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipated unpaid leave, or for planned retirement, or any other anticipated leave.*

<b>MEDICAL EXPENSE FLEXIBLE SPENDING ACCOUNT</b>	
For uninsured eligible medical expenses incurred by you, your family members, or both. [Maximum allowable contribution is \$2,400; minimum is \$240.]	
<b>Box #1</b>	Total Plan Year Annual Amount _____
<b>Box #2</b>	Number of Regular Paychecks Expected this Plan Year _____
<b>Box #3</b>	Reduction Per Regular Paycheck _____

## IMPORTANT

- I hereby authorize my employer to reduce my gross salary before federal income taxes are calculated by the total amount of annual salary deduction indicated above.
- I understand that any amount remaining in any FSA not used during this plan year and grace period will be forfeited since it cannot be carried forward to the next plan year.
- I understand that the funds in one FSA cannot be used to reimburse expenses covered by another FSA.
- I understand that expenses for which I am reimbursed cannot be deducted on my income tax return.
- I understand that the funds in any FSA can only be paid out to reimburse payment of eligible expenses actually incurred during my period of coverage.
- I understand that the amount of salary deduction will include the items specified above and will continue in effect unless I terminate employment or file an approved Change In Status with the contract administrator within 30 days of the event or before the end of the plan year.

Employee Signature

_____	Date Signed _____
-------	-------------------

<b>FBMC USE ONLY</b>				
DATA ENTRY	VERIFICATION	SCANNED	INDEXED	SPECIAL NOTES

## FLEXIBLE SPENDING ACCOUNT ENROLLMENT FORM

You must complete this form if you wish to start a tax-free Medical Expense Flexible Spending Account.

### EMPLOYER

Please check the box by your employer name:

- |  |   |
|--|---|
| <input type="checkbox"/> 695 - Bates Technical College           | <input type="checkbox"/> 662 - Olympic College                    |
| <input type="checkbox"/> 627 - Bellevue Community College        | <input type="checkbox"/> 665 - Peninsula College                  |
| <input type="checkbox"/> 694 - Bellingham Technical College      | <input type="checkbox"/> 637 - Pierce College                     |
| <input type="checkbox"/> 629 - Big Bend Community College        | <input type="checkbox"/> 693 - Renton Technical College           |
| <input type="checkbox"/> 634 - Cascadia Community College        | <input type="checkbox"/> 670 - Seattle Community College District |
| <input type="checkbox"/> 375 - Central Washington University*    | <input type="checkbox"/> 672 - Shoreline Community College        |
| <input type="checkbox"/> 632 - Centralia College                 | <input type="checkbox"/> 674 - Skagit Valley College              |
| <input type="checkbox"/> 635 - Clark College                     | <input type="checkbox"/> 675 - So. Puget Sound Community College  |
| <input type="checkbox"/> 696 - Clover Park Technical College     | <input type="checkbox"/> 676 - Spokane Community College District |
| <input type="checkbox"/> 639 - Columbia Basin College            | <input type="checkbox"/> 352 - State Board for C & TC             |
| <input type="checkbox"/> 370 - Eastern Washington University     | <input type="checkbox"/> 678 - Tacoma Community College           |
| <input type="checkbox"/> 610 - Edmonds Community College         | <input type="checkbox"/> 360 - University of Washington           |
| <input type="checkbox"/> 605 - Everett Community College         | <input type="checkbox"/> 686 - Wenatchee Valley College           |
| <input type="checkbox"/> 376 - Evergreen State College           | <input type="checkbox"/> 691 - Yakima Valley Community College    |
| <input type="checkbox"/> 648 - Grays Harbor College              | <input type="checkbox"/> 683 - Walla Walla Community College      |
| <input type="checkbox"/> 649 - Green River Community College     | <input type="checkbox"/> 365 - Washington State University*       |
| <input type="checkbox"/> 652 - Highline Community College        | <input type="checkbox"/> 380 - Western Washington University*     |
| <input type="checkbox"/> 692 - Lake Washington Technical College | <input type="checkbox"/> 621 - Whatcom Community College          |
| <input type="checkbox"/> 657 - Lower Columbia College            |   |

- I understand and agree that my employer and FBMC, the contract administrator, will not incur, and I specifically release from them, any liability resulting from either my participation in any FSA or my failure to sign or accurately complete this enrollment form. I further understand that if I elect not to participate in salary deduction with respect to the benefits listed above, I hereby forego my right to participate during the upcoming plan year, unless otherwise provided by law.

**Please send this signed form to the attention of  
FBMC Enrollment Processing, P.O. Box 1878 Tallahassee,  
FL 32302-1878 or fax to 850-514-5806.**

\* If employed by these Universities - please send form to your Benefit Office.

# Completing your Enrollment Form

# FBMC

proven benefit solutions

P.O. Box 1878, Tallahassee FL 32302-1878 • Customer Service 1-800-342-8017

Press hard with ballpoint pen.

Name (Please Print) Last		First	
Home Address Street		City	ZIP
Daytime Phone ( )	Home Phone ( )	Date of Birth	Annual Salary
Enrollment Status: <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Change in Status <input type="checkbox"/> New Hire		Payroll Effective Date	Plan Effective Date
Number of deductions paid this plan year: 24 <input type="checkbox"/> 18 <input type="checkbox"/> Employees who work less than 9 months of the year – I expect to receive _____ paychecks during the 2006 Plan Year. (January 1- December 31, 2006)			

Indicate the amount you wish to pay through tax-free salary deduction by completing the section below.

Complete the worksheets provided in your Flexible Spending Account (FSA) packet before deciding on the amount.

If you have questions, consult your FSA packet or call FBMC Customer Service at 1-800-342-8017.

**In Box #1** indicate the dollar amount you elect to contribute for the plan year, which is January 1, 2006 through December 31, 2006.

**In Box #2** indicate the number of regular payroll checks with deductions you expect to receive during the plan year.

**In Box #3** indicate the deduction amount per paycheck. (Note: if Box #2 times Box #3 does not equal Box #1 exactly, the amount in Box #3 may be changed slightly by FBMC due to rounding).

By signing this form you certify that you expect to receive the number of paychecks listed in Box #2. If appropriate, decrease the number to allow for anticipated unpaid leave, or for planned retirement, or any other anticipated leave.

MEDICAL EXPENSE FLEXIBLE SPENDING ACCOUNT	EMPLOYER
For uninsured eligible medical expenses incurred by you, your family members, or both. [Maximum allowable contribution is \$2,400; minimum is \$240.]	Please check the box by your employer name:
<b>Box #1</b> Total Plan Year Annual Amount _____	<input type="checkbox"/> 695 - Bates Technical College <input type="checkbox"/> 662 - Olympic College
<b>Box #2</b> Number of Regular Paychecks Expected this Plan Year _____	<input type="checkbox"/> 627 - Bellevue Community College <input type="checkbox"/> 665 - Peninsula College
<b>Box #3</b> Reduction Per Regular Paycheck _____	<input type="checkbox"/> 694 - Bellingham Technical College <input type="checkbox"/> 637 - Pierce College
	<input type="checkbox"/> 629 - Big Bend Community College <input type="checkbox"/> 693 - Renton Technical College
	<input type="checkbox"/> 634 - Cascadia Community College <input type="checkbox"/> 670 - Seattle Community College District
	<input type="checkbox"/> 375 - Central Washington University* <input type="checkbox"/> 672 - Shoreline Community College
	<input type="checkbox"/> 632 - Centralia College <input type="checkbox"/> 674 - Skagit Valley College
	<input type="checkbox"/> 635 - Clark College <input type="checkbox"/> 675 - So. Puget Sound Community College
	<input type="checkbox"/> 696 - Clover Park Technical College <input type="checkbox"/> 676 - Spokane Community College District
	<input type="checkbox"/> 639 - Columbia Basin College <input type="checkbox"/> 352 - State Board for C & TC
	<input type="checkbox"/> 640 - Eastern Washington University <input type="checkbox"/> 678 - Tacoma Community College
	<input type="checkbox"/> 610 - Edmonds Community College <input type="checkbox"/> 360 - University of Washington
	<input type="checkbox"/> 686 - Everett Community College <input type="checkbox"/> 686 - Wenatchee Valley College
	<input type="checkbox"/> 691 - Yakima Valley Community College
	<input type="checkbox"/> 683 - Walla Walla Community College
	<input type="checkbox"/> 365 - Washington State University*
	<input type="checkbox"/> 380 - Western Washington University*
	<input type="checkbox"/> 621 - Whatcom Community College

## IMPORTANT

- I hereby authorize my employer to reduce my gross salary by the amount I have elected to contribute to my FSA. The amount of salary deduction is calculated by the total amount of annual salary deduction divided by the number of paychecks I expect to receive during the plan year.
  - I understand that any amount remaining in any FSA on December 31, 2006, and grace period will be forfeited since it cannot be carried over to the next plan year.
  - I understand that the funds in one FSA cannot be used to pay for expenses covered by another FSA.
  - I understand that expenses for which I am reimbursed cannot be deducted on my income tax return.
  - I understand that the funds in any FSA can only be paid out to reimburse me for eligible expenses actually incurred during my period of coverage.
  - I understand that the amount of salary deduction will include the terms specified above and will continue in effect unless I terminate employment or file an approved Change In Status with the contract administrator within 30 days of the event or before the end of the plan year.
- Please send this signed form to the attention of  
FBMC Enrollment Processing, P.O. Box 1878 Tallahassee,  
FL 32302-1878 or fax to 850-425-6220.
- \* If employed by these Universities - please send form to your Benefit Office.

Employee Signature	Date Signed

## FBMC USE ONLY

DATA ENTRY	VERIFICATION	SCANNED	INDEXED	SPECIAL NOTES